

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

UNITED STATES OF AMERICA

v.

SENTENCING MINUTES

EUGENE A. DARKOW

Case No. 14-CR-250

HONORABLE WILLIAM C. GRIESBACH presiding
Proceeding Held: June 1, 2015
Deputy Clerk: Amanda

Time Called: 1:32 p.m.
Time Concluded: 2:16 p.m.
Tape: 060115

Appearances:

| | |
|------------------------------------|--|
| UNITED STATES OF AMERICA by: | Matthew L. Jacobs |
| EUGENE A. DARKOW in person and by: | Thomas G. Wilmouth |
| US PROBATION OFFICE by: | Mitchell Farra |
| INTERPRETER: None | <input type="checkbox"/> Interpreter Sworn |

| | |
|---|--|
| <input checked="" type="checkbox"/> The parties have no objections to the factual statements in the PSR | <input checked="" type="checkbox"/> The parties have no objections to the application of the guidelines in the PSR |
|---|--|

| | |
|---|---|
| <input type="checkbox"/> Objections/corrections to factual statements in PSR by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | <input type="checkbox"/> Objections/corrections to application of guidelines by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
|---|---|

| | |
|--|---|
| <input checked="" type="checkbox"/> The government presents sentencing argument: Recommends a term of incarceration. | <input checked="" type="checkbox"/> The defendant presents sentencing argument: Requests a term of intermittent confinement along with supervision. |
|--|---|

| | |
|--|---|
| <input checked="" type="checkbox"/> Defendant exercises right of allocution. | <input checked="" type="checkbox"/> The court imposes sentence. |
| <input checked="" type="checkbox"/> The government dismisses count(s) 1 & 4 | <input checked="" type="checkbox"/> Defendant advised of appeal rights. |

SENTENCE IMPOSED:

Imprisonment: _____ Months as to Count(s) _____ of the _____.
_____ Months as to Count(s) _____ of the _____.
_____ Months as to Count(s) _____ of the _____.

Imprisonment term for each count to be served ☐ concurrently ☐ consecutively.

TOTAL TERM OF IMPRISONMENT IMPOSED: _____ months.

☐ This term of imprisonment is to be served (☐ concurrently with or ☐ consecutively to) any state court sentence the defendant is currently serving.

Probation: _____ 3 _____ Years as to Count(s) _____ 2 & 3 _____ of the indictment.

Supervised Release: _____ Months as to Count(s) _____ of the _____.
_____ Months as to Count(s) _____ of the _____.
_____ Months as to Count(s) _____ of the _____.

MONETARY PENALTIES

Special Assessment: \$ 50.00 _____ due immediately

Fine: \$ _____ ☐ fine waived

Restitution: \$ 557,813.93 _____ ☐ determination deferred

JOINT AND SEVERAL PAYMENTS

☐ Fine and/or ☐ Restitution is **joint and several** with _____.

☐ Repayment of Buy Money is **joint and several** with _____.

FORFEITURE

☒ All property forfeited upon conviction or by order of the court shall be included in the criminal judgment.

RECOMMENDATIONS

☐ The court recommends the defendant's placement at _____.

☐ The court recommends the defendant's participation in the Bureau of Prisons' 500-hour drug treatment program.

☐ Other: _____.

CUSTODY

☐ The defendant is remanded to the custody of the U.S. Marshal Service.

☐ The defendant is to voluntarily surrender at the institution designated by the Bureau of Prisons as notified by the U.S. Probation Office; ☐ on or after _____.

CONDITIONS OF SUPERVISED RELEASE/PROBATION

Mandatory Conditions

- | | |
|--|--|
| <input checked="" type="checkbox"/> Report (to USPO as directed) | <input type="checkbox"/> Cooperate in the collection of DNA |
| <input checked="" type="checkbox"/> Not commit another federal, state, local crime | <input type="checkbox"/> Comply with requirements of SORNA |
| <input checked="" type="checkbox"/> Not illegally possess any controlled substance | <input type="checkbox"/> Participate in approved domestic violence program |
| <input type="checkbox"/> Not to possess any firearms | |

Standard Conditions

- | | |
|---|---|
| <input checked="" type="checkbox"/> Not leave the state of WI without permission | <input type="checkbox"/> Not go to places where drugs unlawfully used |
| <input checked="" type="checkbox"/> Answer inquiries truthfully/follow instructions | <input type="checkbox"/> Not associate-persons engaged in criminal activity |
| <input type="checkbox"/> Use best efforts to support dependents | <input checked="" type="checkbox"/> Permit USPO visits and confiscation of contraband |
| <input checked="" type="checkbox"/> Use best efforts to find/maintain employment | <input checked="" type="checkbox"/> Provide 72-hour notice of police contact |
| <input checked="" type="checkbox"/> Provide 10-day notice of change of address | <input type="checkbox"/> Not act as informer/special agent without approval |
| <input type="checkbox"/> Not purchase, possess drug paraphernalia | <input type="checkbox"/> |

Special Conditions

- | | |
|--|--|
| <input type="checkbox"/> Drug Testing – Special Condition | <input type="checkbox"/> Home Confinement for _____ days |
| <input type="checkbox"/> Drug Testing – Standard Condition | <input type="checkbox"/> Home Confinement with Alcohol Testing for _____ days |
| <input checked="" type="checkbox"/> Drug Testing – Waived | <input checked="" type="checkbox"/> Community Correctional Center: as directed by USPO |
| <input checked="" type="checkbox"/> Monthly Restitution Payment: \$ as directed by IRS | <input type="checkbox"/> Residential Re-Entry Center: _____ days |
| <input type="checkbox"/> Monthly Fine Payment: \$ _____ | <input type="checkbox"/> Cooperate with Bureau of Immigration/Customs |
| <input type="checkbox"/> Repay Buy Money – Total: \$ _____ | <input checked="" type="checkbox"/> Cooperate with IRS |
| <input type="checkbox"/> Repay Buy Money: \$ _____/month | <input type="checkbox"/> Cooperate with Child Support |
| <input checked="" type="checkbox"/> No New Lines of Credit | <input type="checkbox"/> Participate in mental health treatment program |
| <input checked="" type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Participate in sex offender assessment/treatment |
| <input type="checkbox"/> Submit to search by USPO | <input type="checkbox"/> Waive confidentiality – sex offender treatment |
| <input type="checkbox"/> No tavern employment or patronization | <input type="checkbox"/> No sexually-explicit materials w/minors |
| <input type="checkbox"/> No employment with fiduciary responsibilities | <input type="checkbox"/> No possession/viewing of pornography or erotica |
| <input type="checkbox"/> No gambling | <input type="checkbox"/> Obtain GED or HSED |
| <input type="checkbox"/> No transfer of assets in excess of \$500.00 | <input type="checkbox"/> No contact – unrelated children under 18 |
| <input type="checkbox"/> No possession/use of computer – on-line access | <input type="checkbox"/> No contact with victim(s) |
| <input type="checkbox"/> No possession/use of data encryption/erasure | <input type="checkbox"/> No contact with gang members |
| <input type="checkbox"/> Provide computer passwords and logons | <input type="checkbox"/> Perform community service: _____ hours |
| <input type="checkbox"/> Consent to computer searches | <input type="checkbox"/> |
| <input type="checkbox"/> | |